



Original Communication

Medical responsibility in the United Arab Emirates

Fawzi Benomran MBBS MD (Director of Forensic Medicine, Professor of Forensic Medicine)*

Dubai Police, P.O. Box 1493, Dubai, United Arab Emirates

Dubai Medical College, P.O. Box 20170, Dubai, United Arab Emirates

ARTICLE INFO

Article history:

Received 24 November 2009

Received in revised form 28 November 2009

Accepted 22 December 2009

Available online 21 January 2010

Keywords:

Medical responsibility

Malpractice

Regulation of the medical profession

Law 10 of 2008

Law 7 of 1975

UAE laws

ABSTRACT

Medical responsibility in the United Arab Emirates was formerly defined and governed according to Law 7 of 1975 for the practice of medical professions, which had been a part of civil law. The passing of Law 10 of 2008, namely the “Law on Medical Responsibility in UAE”, enacted on 16th December 2008 created a new framework to deal with this issue. One of its provisions required medical practitioners to hold insurance policies, so that insurance companies pay damages to the plaintiff (patient) injured as a result of a physicians’ negligence.

This paper outlines the issue of medical responsibility and medical negligence. The author’s translation of the new law into English is included so that its full text is available for the readers, especially expatriate doctors working in the UAE. Where appropriate, a brief comparison between the old law and new laws is also presented.

The objective of this paper is to provide medical practitioners with basic information about the subject in general and to this legislation in particular. It is mandatory for doctors to realize inherent risks involved in the course of their practice. A basic knowledge of the law is required to avoid pitfalls and to safeguard oneself against errors arising from ignorance of the duties and rights of the professional person.

© 2009 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

1. Introduction

Until recently, the professional liability of medical doctors and other health workers in the United Arab Emirates was determined in accordance with Law 7 of 1975 for the practice of medical professions, in conjunction with the civil law. The passing of Law 10 on Medical Responsibility, on the 16th of December 2008, has created a new legal perspective on the issue.¹ This new statute is specific in the sense that its provisions apply only to physicians and allied professions, in contrast to the civil law, which applies to the public in general regardless of their profession. The new law clarified ambiguities around previously controversial issues, and addressed new subjects which had not been in existence in the past.

The new law provides a clear definition of medical negligence, and states the duties of medical professionals in 13 articles. It also deals with ethical issues such as: confidentiality, euthanasia, sterilization, artificial insemination, in vitro fertilization, cloning of humans and abortion.

The new law prohibits physicians from refusing to treat emergency cases, and to discontinue ongoing treatment of any patient,

whether or not it is an emergency. It also provides the procedure to notify the appropriate authorities about patients suffering from communicable diseases or requiring quarantine.

The second chapter, of seven articles, addresses the establishment of a Higher Committee on Medical Responsibility; empowered to rule on cases of medical negligence. Nine main authorities are represented in this committee. The department of forensic medicine is included as a member on that committee. This is in contrast to the previous practice where the courts used to refer such cases to the Judicial Medical Officer (forensic pathologist) to discharge that function. The committee is to be formed, and its members nominated by an edict from the Council of Ministers.

The third chapter, of three articles, addresses the process of interrogation of medical practitioners. Accordingly, the arrest or incarceration of physicians during investigation of facts related to alleged medical negligence is not permitted. However, it is possible to arrest or incarcerate doctors by order of the director of public prosecution if the interest of interrogation requires it.

The fourth chapter, of three articles, addresses insurance of medical practitioners against their medical negligence. Consequently, health care facilities are required to pay 80% of the insurance premiums of their employees, and the remainder is to be paid by the medical professionals themselves.

The fifth chapter, of eight articles, spells out penalties incurred on violation of the provisions of this law. Violators are punished by imprisonment and/or the payment of substantial fines.

* Address: Dubai Medical College, Department of Forensic Medicine, Dubai Police General Headquarters, P.O. Box 1493, Dubai, United Arab Emirates. Tel.: +971 506580801; fax: +971 42171324.

E-mail address: benemran@hotmail.com

The sixth and last chapter, of four articles, addresses a number of general provisions.

This new law makes reference in its introduction to previous laws, and a reference of certain previous articles whenever appropriate within its current articles. Certain articles from Law No. 7/1975 for the practice of medical profession in the United Arab Emirates,² or other relevant laws will be mentioned and compared with the new clauses.

2. Material

The law on medical responsibility in the United Arab Emirates was published in the Arabic language on 16th December 2008. Every attempt has been made by the author in translation to convey a precise meaning of the original Arabic. The following is the translated version:

Article (1). In the application of the provisions of this law, the meanings of the following words and phrases are as explained opposite each of them unless the context indicates otherwise:

The State	The state of the United Arab Emirates
The Government	The Federal government and Local government or any other official institution attached to either of them
The Minister	Minister of Health
The Health Institution	Ministry of Health and any governmental Federal or Local body dealing with health affair in the United Arab Emirates
The Committee	The High Committee of Medical Responsibility
The Profession	Any of the medical professions or other related profession that will be specified by a decree from the Minister

3. Chapter one

3.1. Medical responsibility

Article (2). The provisions of this law shall apply to all medical professionals practicing in the United Arab Emirates.

Article (3). All medical professionals practicing in UAE should carry out their duties with diligence and honesty, in accordance with accepted scientific and technical standards, to provide the required care, without exploiting the patients needs for the purpose of unlawful financial gain to themselves or to others, and without discriminating between patients.

Article (4). Doctors must observe the following:

1. Uphold the rules, regulations, methods and procedures of the practice of medical profession, according to respective rank and specialty.
2. Record the present medical condition, past medical history, family history of the patient before proceeding to diagnosis and treatment.
3. Write prescriptions clearly stating the dosage and method of administration of each drug, and warn the patient or his relatives, according to the particular situation, about the importance of following medical instructions and about the expected side effects of the medical or surgical treatment.
4. Inform the patient about the nature and seriousness of his/her disease unless it was against the patient's best interest to do so or when the patient's psychological condition does not permit such information. The patients' next of kin should be informed in two conditions:
 - (a) In case of abolished or diminished legal capacity.
 - (b) If the patient's health does not permit informing him/her personally and it was impossible to take the patient's consent to inform his/her next of kin.

5. Watch for complications of medical or surgical treatment and treat them promptly if possible.
6. Cooperate with other doctors involved in the patient's treatment and offer them whatever information about his/her medical condition and the course of treatment that was followed whenever they need it, and should consult a specialist colleague if necessary.

Article (5). Physicians are forbidden to do the following:

1. To treat patients without consent except in emergencies where obtaining consent was not possible due to any reason, or when the disease was contagious or a hazard to public safety.
2. To refuse to treat patients in emergencies, or discontinue treatment even in non-emergencies, unless the patient disobeyed the physicians instructions, or when the decision to discontinue was due to reasons outside the physicians' control.
3. To use un-approved or unlawful means in treatment.
4. To prescribe any treatment without prior clinical examination of the patient.
5. To divulge patient's secrets known during the course of the professional relationship with the patient or because of it; whether the secrets had been confided to him by the patient himself or discovered by the physician. However, this forbiddance does not apply in the following circumstances:
 - (a) When the patient requests the doctor to divulge the confidential information.
 - (b) If divulging the confidential information is in the interest of the husband or the wife, and is personally communicated to either of them by the physician.
 - (c) If the aim of the doctor was to prevent a crime or to inform about a crime. Here, divulging information must be restricted to the official authority only.
 - (d) When ordered by a court of law or an official investigation authority as an expert witness, or even when acting as a fact witness in a criminal investigation or trial.
 - (e) When the medical examination was carried out on behalf of a life insurance company or the employer of the patient, provided the information is limited to the aim of the medical examination.
6. To carry out clinical examination of a patient of the opposite sex without the presence of a third person, and without the prior consent of the patient, unless it is absolutely necessary to overlook these two precautions.

Article (6). When suspecting that a patient is suffering from any of the communicable diseases, the doctor must immediately inform the medical authority where he/she has been practicing, which should in turn inform the Ministry of Health within 24 h to carry out the necessary preventive measures, and in case there is suspicion that the patient suffers from one of the diseases where quarantine is indicated as specified by the World Health Organization, the address of the patient must be ascertained and the ministry notified immediately if it was not possible to retain the patient in the medical premises.

Article (7)

1. With the exception of emergency cases needing urgent surgical intervention to save life of the patient or the fetus, it is not allowed to perform surgical operations unless the following conditions are fulfilled:
 - (a) The doctor performing the operation must be properly qualified to carry out such operation by virtue of his scientific specialty and practical expertise.

- (b) The operation must be carried out in a health care facility properly equipped to perform such an operation.
- (c) Pre-operative laboratory investigation and examination must be carried out to ascertain that the operative intervention was necessary and indicated for the patient's treatment, and to ascertain that the patient's health permits such surgery.
- (d) The patient's written consent for the specified surgery or any other necessary intervention must be obtained if he was a consenting adult, or from one of his relatives up to the fourth degree in cases of minority or insanity or if it was not possible to seek the patient's consent. The consenting party must be informed about the expected risks and medical complications of the operation. The age of consent for this purpose is 18 calendar years or above.

2. Article (7) paragraph (1) applies to special medical treatments as specified by the List of Procedures.

Article (8). The patient should not be discharged from the health care facility in which he/she is being treated, unless his/her health permits discharge according to approved medical criteria or if he/she wished discharge despite making him/her aware of the consequences of such discharge, provided that a written statement to that effect is signed by the patient or one of his/her first or second degree relatives if the patient was legally incapacitated, minor or insane, or if it was not possible to obtain the patient's consent. The fact must be recorded in the patient's medical record.

Article (9). It is forbidden to terminate patient's life whatever the reason, even on request of the patient or the patient's guardian.

Article (10):

1. It is forbidden to clone humans, and it is also forbidden to carry out research, experiments and other applications intending to clone a human being.
2. Biomedical research and experiments on humans are not allowed without obtaining permission from the authority specified by the executive directive of this law and according to conditions set by that directive.

Article (11). Prostheses should not be fitted in the patient's body except after ascertaining its compatibility and safety and after preparing the patients body to accept it.

Article (12). It is forbidden to carry out assisted reproduction technology on a woman or in vitro fertilization unless both ovum and sperm come from the married couple and by their mutual written consent, and provided that the procedure is performed while marriage is still legally valid between them.

Article (13):

- (I) It is forbidden to carry out any procedure or intervention of birth control unless requested by both members of a married couple. It is also forbidden to carry out any procedure or intervention to sterilize a female patient unless a medical committee of at least three doctors decide that pregnancy or child birth constitute an inevitable danger to her life, and after obtaining her written consent and informing her husband.
- (II) Doctors must not interfere surgically or medically to terminate pregnancy (abortion) except in the following two situations:
 1. If continuation of pregnancy endangers the life of the pregnant woman, provided that the following conditions are fulfilled:

- (a) The abortion must be performed in consultation with a physician specialist in obstetrics and gynecology, and by agreement of the treating physician of the medical condition that justified abortion.
- (b) A report must be written by the relevant doctors involved explaining the medical justification of abortion, which must contain a written consent to the abortion from the patient and her husband, or consent from her guardian or custodian to that effect if obtaining her consent was not possible. Each party should keep a copy of that report. The consent of the husband is not necessary in case of an emergency which require urgent surgical intervention.

2. In case the fetus was proved to be congenitally malformed, provided that the following conditions are fulfilled:

- (a) Both parents must consent that they wish the abortion to be carried out.
- (b) The pregnancy must not have exceeded 120 days.
- (c) Congenital malformation must be proved by a report from a medical committee of consultants in gynecology and obstetrics, pediatrics and radiology.
- (d) The decision of the committee must be based on medical investigations and scientifically approved medical technology.
- (e) The congenital malformation of fetus must be severe and untreatable, in such way that if born alive; its life would be miserable and painful for the newborn and family.

Article (14):

1. Medical negligence is negligence resulting from ignorance of certain technical knowledge which is expected to be known by any member of the profession, or resulting from recklessness, or failure to provide duty of care.
2. Medical responsibility would not be considered in the following situations:
 - (a) If the harmful effect resulted because of the patient's own action or refusal of treatment or not following instructions of treating doctors or if it was due to an external cause. All this without breach of item (d) of paragraph (1) of Article (7) of this law.
 - (b) If the doctor followed a different method of treatment that is different to what others in the same specialty would have done, provided that method was consistent with approved and well established standards in medicine.
 - (c) In case of well known medical complications which do not result from medical negligence as defined in paragraph (1) of this article.

4. Chapter two

4.1. The Higher Committee of Medical Responsibility

Article (15). A permanent medical technical committee would be established by a decree from the Council of Ministers called "The Higher Committee of Medical Responsibility" according to a proposal of the Minister [of Health], provided it includes consultant physicians from the following:

1. Ministry of Health
2. Department of Forensic Medicine of the Ministry of Justice
3. Department of Health – Abu Dhabi
4. Department of Health – Dubai

5. Faculty of Medicine and Health Sciences, Emirates University (physicians holding full professor' status)
6. Directorate of medical services of armed forces
7. Directorate of medical services of Ministry of Interior Affairs
8. Emirates medical association
9. Private medical sector

The Council of Ministers may appoint any medical authority as an additional member to the committee.

The afore-mentioned decree would nominate the chairman and vice chairman of the committee.

A decree from the Council of Ministers will determine the system and procedure of practice of the committee, the duration of membership and compensation of its members.

Article (16). At the request of the public prosecution, a court of law or the relevant health authority, the committee should express an opinion on the following:

1. The presence or absence of medical negligence, its cause and harmful consequences if any, and causal relationship between negligence and harm, and any other tasks requested.
2. Occupational risks related to medical practice.

Article (17). The committee furnishes an opinion in a written reasoned written report in each case referred to it, based on its clinical examination if possible, reading the medical record of the patient and whatever facts and information made available to the committee through its investigation, discussions and technical study of the case.

The committee may summon any person to discuss the case whenever necessary, and it has the right to order anybody to submit documents and papers required.

The committee may appoint sub-committees from its members or other specialists to express opinions in particular issues.

Article (18). The committee must submit its report on the referred cases within 30 days of referral.

The referring authority may extend that duration upon request of the committee.

Article (19). The committee is convened by invitation from its chairman or vice chairman in case of absence of the chairman, to look at the referred cases. The convention shall not be legally valid unless two thirds of members were present including the chairman or vice chairman.

The opinion of the committee should be that of the majority of its convened members, and in the case of equal votes, the side with chairperson shall prevail.

Article (20). Members of the committee are considered as expert witnesses without contravening the provisions of articles of this law. Each member should take an oath once in front of a Federal court of appeal where he resides prior to commencement of his committee work.

Article (21). A member of the committee should not attend its meetings nor express an opinion on the referred case if he or one of his relatives up to the fourth degree had a personal interest in the case concerned.

5. Chapter three

5.1. Interrogation of medical professionals

Article (22). Medical professionals employed by the Ministry of Health are summoned for questioning in cases related to their medical practice through the director general of the ministry. Those employed by other health care facilities are summoned through the directors of their respective facilities.

Article (23). At the request of the investigating authority the Minister may suspend the license of the medical professional interrogated in the medical negligence suit for a period not exceeding 30 days, which can be extended for another 30 days by the investigating authority.

Article (24). Physicians should not be arrested nor should they be incarcerated during investigation of facts related to medical negligence. However, the arrest or incarceration of physicians by order of the director of public prosecution will be possible if it is in the interest of interrogation.

6. Chapter four

6.1. Insurance against responsibility for medical negligence

Article (25). Physicians are not allowed to practice in the UAE without an insurance policy from one of the licensed insurance companies in the country against responsibility for medical negligence.

The health care facility hosting a visiting physician is responsible for compensation of damages resulting from his negligence, without affecting its right to retrieve its loss from the negligent party.

Facilities indicated by this article should conform to the provisions of this law within 6 months of its passage.

The executive directive of this law will specify the regulations necessary to execute provisions of this article.

Article (26). The health care facility is responsible for insuring its medical practitioner employees against responsibility for medical negligence. It must bear at least 80% of the premium; the remainder to be paid by the medical practitioner.

It is also responsible for insuring their employees against risks resulting from practicing their profession or because of it, and in this case the employer must pay the whole premium.

Article (27). Insurance companies shall be regarded as legal successor for the medical establishments and on behalf of the insured persons in their rights and obligations.

7. Chapter five

7.1. Punishments

Article (28)

1. Persons violating any of Articles (10/1) or (12) of this law face a combination of prison sentence of not less than two years and not exceeding five years, and a fine not less than two hundred thousand dirham (200,000.00 AED) and not more than five hundred thousand dirham (500,00.00 AED), or either of the two.
2. Persons violating Article (10/2) of this law face a prison sentence of not less than 6 months, combined with a fine of not less than one hundred thousand dirham (100,000.00 AED) and not more than two hundred thousand dirham (200,000.00 AED), or either of the two.

Article (29). Persons violating Article (11), and paragraph (I) of Article (13) of this law face a prison sentence not exceeding 3 months and a fine of not less than fifty thousand dirham (50,000.00 AED) and not more than one hundred thousand dirham (100,000.00 AED), or either of the two.

Article (30). Without prejudice of Islamic Sharia law, persons violating Article (9) of this law face a prison sentence of not less than 10 years.

Article (31). Violation of paragraph (II) of Article (13) of this law will fall under the purview of Article (29) of Federal Law 7/1975.

Article (32). Punishments stated in this law shall not rule out any graver punishments stated in other laws [in UAE].

Article (33). Other medical professionals should abide by the same obligations of physicians to a reasonable extent applicable to them.

The executive directive will illustrate the system of disciplinary actions of paramedical professionals.

Article (34). Lawful disciplinary actions will be applied to violations which were not specified by punishments in this law.

The criminal responsibility according to this law does not curb the disciplinary responsibility of violating medical practitioners.

Article (35). The provisions of Articles (16) and (17) of Federal Law number (2) of 1996 shall apply to private health care facilities violating articles of this law.

8. Chapter six

8.1. General rules

Article (36). Employees appointed by an edict from the Minister of Justice in agreement with the Minister of Health or other health authorities, shall possess the capacity of a Jurist official in order to prove violations of this law or violation of any other edicts issued to execute it.

Article (37). The executive directive connected with this law will be issued by the Council of Ministers.

Article (38). Any legal direction repugnant to the provisions of this law will stand repealed. Any provision contrary to the provisions of this law is annulled.

Article (39). This law is to be published in the Official Gazette and is enacted on the date of publication.

Khalifa Bin Zaid Al Nehian

President of the United Arab Emirates, 16th December, 2008.

9. Discussion

This is the second law of its kind in the Arab world, the first being the Libyan Law on medical responsibility, No. 17/1986.^{4–6} The current law referred to chapter One of Law 7 of 1975 in defining medical professionals and requirements of the practice of medicine in the United Arab Emirates.^{2,3} It presented ethical and legal issues concerning medical practitioners, as well as punishments consequent on violations of the law:

9.1. Patient's consent

The age of consent of medical and surgical treatments is considered to be 18 years. Consent of the patient is required for medical and surgical treatment except in emergencies, communicable diseases and when the condition endangers the general health and safety of the society. Consent is also required if the patient wishes to be discharged against medical advice. The consent of married couples is required for assisted reproduction technology and birth control, and sterilization of the woman when medically indicated. Violation to the latter prohibition is punishable by a prison sentence not exceeding 3 months and a fine of not less than fifty thousand dirham (US\$ 1 = AED 3.65) and not more than one hundred thousand dirham, or either of the two (clause 4 (b) of Article 4, clause 1, 5 (a) and 6 of Article 5, clause 1 (d) of Article 7, Article 8, Article 12 and Article 13).

9.2. Confidentiality

Doctors are not permitted to divulge patients' secrets (Article 5, Clause 5). This is consistent with the general standards approved

by the World Medical Association. Considerations such as preserving the right of the spouse to information that may serve their interest, the duty of the physician in the case of crime or harm to others and information that may arise as the result of an insurance or employment examination are included.

In addition, the physician can be compelled to divulge confidential information by a court of law. This is considered to be an addition to the four situations mentioned in the previous law (Article 13 of Law 7 of 1975), where it is permitted to divulge medical secrets.^{2,3}

9.3. Medical negligence

It is defined as a mistake arising from ignorance of technical skills that should be familiar to any medical practitioner, or arising from recklessness or from failure to exercise reasonable care (Article 14). Physicians are relieved from medical responsibility in three situations: in case the harm was due to participation of the patient or an external circumstances, in case of following a different method of treatment but abiding by the standard of care, and in the case of unpreventable known medical complications.

In this regard, Articles 25 and 26 of law 7 of 1975 dealt with medical responsibility in slightly different perspective. The following is a translation of these two articles:

Article (25): A physician will not be held responsible for the outcome of treatment of his patient if it was shown that he exercised reasonable care and followed all means that an ordinary man of his art would undertake in diagnosis and treatment.

Article (26): A physician is held responsible in any of the following situations:

1. *Harming the patient because of a negligent act attributed to his ignorance of technical matters in diagnosis or treatment that is supposed to be known by every physician.*
2. *Harming the patient because of a negligent act attributed to his recklessness or refusal of providing proper care.*
3. *Harming the patient because of subjecting him to un-approved biomedical research or experiments.*

It is clear from the above articles that physicians are responsible for exercising reasonable skill and care but not responsible for achieving results.

9.4. Refusal of treating a patient

A doctor should not refuse treating patients in emergencies. In non-emergencies, it is forbidden to discontinue ongoing treatment unless the patient disobeyed the physician's instructions, or when the decision to discontinue was due to reasons outside control of the physician (clause 2 of Article 5, and Article 8). This is slightly different from Law 7 of 1975 where physicians were forbidden from refusing treatment of any patient even in non-emergencies: "No physician should refuse to treat or provide emergency measures to a patient unless the illness or condition is outside his specialty, in that case he must undertake the necessary primary treatment, then to send him to the nearest governmental hospital if the patient wishes" (Article 21 of Law 7 of 1975). According to Article 8 of the current law, no patient shall be discharged from a health care facility unless it is medically indicated or at the patient's request.

9.5. Therapeutic abortion and sterilization of women

Article 13 of the current law prohibits surgical or medical termination of pregnancy except in two situations and with strict prerequisites.

These situations include: endangerment of the life of the mother, and in the case of a severe untreatable congenital anomaly. Requirements for the procedure to be performed are specified, as well as requiring specific documentation of the justification. The consent of the husband is not necessary in case of an emergency which requires urgent surgical intervention.

Violations are punishable by imprisonment not exceeding four years, whether she had been consenting or not. If abortion results into death of the woman the punishment is imprisonment not less than 5 years and not exceeding 10 years. In all cases the court orders confiscation of equipments and instruments present in the premises, which will be closed for a period equaling the time of imprisonment. Further punishments of canceling the doctor's license and erasure from the medical register may be faced.

9.6. Assisted reproduction technology

It is forbidden to carry out assisted reproduction technology on a woman or in vitro fertilization unless both ovum and sperm come from the married couple and by their mutual written consent, and provided that the procedure is performed while legal marriage is still valid between them. This implies that maternal surrogacy is not allowed. It also means that if the husband is deceased, use of his frozen sperms or a frozen embryo which was fertilized prior to his death to impregnate the widowed wife is not permitted (Article 12).

Violation of this prohibition brings about a prison sentence of not less than 2 years and not exceeding 5 years, and a fine not less than two hundred thousand dirham and not more than five hundred thousand dirham, or either of these two.

9.7. Cloning of humans

The law preempts the development of any such technology by prohibiting cloning of humans as specified in the first clause of Article (10). Research, experiments and other applications which aim to clone human beings are not allowed.

Persons violating this prohibition shall be punished by a combination of prison sentence of not less than 2 years and not exceeding 5 years, and a fine not less than two hundred thousand dirham and not more than five hundred thousand dirham, or either of the two.

9.8. Biomedical research on humans

The law makes provision to control biomedical research. A special licensing authority will be established by an executive directive, with the task of issuing permissions to carry out biomedical research. It will set rules and conditions to be fulfilled in order to allow research. The second clause of Article (10) deals with this issue.

Violation of rules for biomedical research is punishable by a prison sentence of not less than 6 months, combined with a fine of not less than one hundred thousand dirham and not more than two hundred thousand dirham, or either of these two.

9.9. Contagious diseases

Article (6) required physicians attached to a medical authority to inform it immediately whenever suspecting that a patient is suffering from any communicable disease. The authority employing the physician should in turn inform the Ministry of Health within 24 h to carry out the necessary preventive measures. The law further specifies measures to be taken if the patient suffers from a disease that requires quarantine.

9.10. Euthanasia

Article (9) prohibits the medical professional from ending a patient's life whatever was the reason. This practice is unlawful regardless of requests and consent of the patient or the patient's guardian.

Violation is punishable by a prison sentence of not less than 10 years. The mention of Sharia Law in this article is a precautionary statement, as it imposes a death sentence for intentional murders and when certain aggravating circumstances were present. The same Sharia Law allows for replacement of the death sentence by compensation (Dia) according to the wish of victim's heir(s). The irony is that Sharia Law would let a murderer walk free if pardoned by the surviving heir(s) of the victim.

9.11. Higher Committee on Medical Responsibility

The provision of Article (15) calls for establishment of a permanent medical technical committee by a decree from the Council of Ministers. It receives referrals from the public prosecution, the court of law or the relevant health authority. It should determine whether medical negligence occurred, its cause and harmful consequences if any, and any causal relationship between alleged negligence and harm. It also determines occupational risks related to medical practice. The committee may appoint a sub-committee of eminent specialists to provide an expert opinion. Prior to the enactment of this law, cases of medical negligence were referred to the Forensic Medical Examiner for opinion and guidance.

9.12. Malpractice insurance

An insurance policy from one of the insurance companies licensed in the UAE to provide malpractice insurance is now a prerequisite for medical practice. The health care facilities must insure its employees and cover the cost of at least 80% of the premium of each participating medical practitioner. It is also responsible for paying the entire premium to insure employees against occupational hazards. The health care facility hosting a non-insured visiting physician is responsible for compensation of damages resulting from his/her negligence.

Conflict of Interest

None declared.

Funding

None declared.

Ethical Approval

None declared.

References

1. Law 10 of 2008 on medical responsibility. *Aljarida Alrasmia* (UAE Official Gazette), December 2008, vol. 488, year 38. p. 31–43.
2. Law 7 of 1975 for the practice of medical professions. *Aljarida Alrasmiao* (UAE Official Gazette), November 1975, vol. 31, year 5. p. 13–23.
3. Benomran FA. *Medical responsibility between ethical obligations and statutory duties*. 1st ed. Publications of Dubai Medical College for Girls; 2007. p. 1–60.
4. Law 17 of 1986. *Aljarida Alrasmia Allibia* (Libyan Official Gazette) November 1986, vol. 28, year 24. p. 958–68.
5. Benomran FA. Medical responsibility in the Libyan law. *Med Law Int* 1994;1:289–300.
6. Benomran FA. Perspectives on medical responsibility. *Jamahiriya Med J* 2006;6(1):15–9.